
State: Arkansas **Filing Company:** Trustmark Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: HS-12000/R
Project Name/Number: 2012 Accident Enhancement/

Filing at a Glance

Company: Trustmark Insurance Company
Product Name: HS-12000/R
State: Arkansas
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Form
Date Submitted: 09/19/2012
SERFF Tr Num: TRST-128686267
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 12.00476

Implementation: On Approval
Date Requested:
Author(s): Audrey Smith, Traci Christopher, Jean Park, Joel Masinter
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/20/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: HS-12000/R
Project Name/Number: 2012 Accident Enhancement/
Filing Company: Trustmark Insurance Company

General Information

Project Name: 2012 Accident Enhancement

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Trust

Filing Status Changed: 09/20/2012

State Status Changed: 09/20/2012

Created By: Joel Masinter

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Joel Masinter

Filing Description:

Your Department previously approved the enclosed HS-12000/R form for use with our Critical Illness products. The purpose of this informational filing is to advise your Department that we intend to begin using this Rider with our Accident Only product.

Your Department previously approved our HS-12000/R for use with our Critical Illness product, form Number CRTILL-12000/C, on April 30, 2001, Company Tracking # 20.00617. Your Department subsequently approved the HS-12000/R to use with our more recent Critical Illness product, form number CACIM-82001C, on November 1, 2002, Company Tracking # 21.02393.

In addition to its continued use with our Critical Illness products, we intend to use the HS-12000/R with our Accident product, form number A-607, previously approved by your Department July 30, 2007, SERFF Tracking # TRST-125230720.

This form is not intended to replace any other form. Bracketed text or numbers are variable and indicate material that may change based on options elected, marketing philosophy, or changes in state law. Variable material will always meet the minimum requirements of law.

These forms are in final printed format as issued from a laser printer. We do, however, use different computer publishing systems. It is, therefore, possible that actual issued forms may have a different font style than the submitted forms. As a result, page breaks may occur at different lines and line wording may not match up exactly. We do not anticipate refiling for such variation or typographical errors.

If you have any questions with regard to this filing, please contact me at (800) 666-6977, extension 33434 or email at joel.masinter@trustmarkins.com.

Sincerely,

Joel Masinter
Compliance Analyst

Company and Contact

Filing Contact Information

Joel Masinter, Compliance Analyst
400 N. Field Drive
Lake Forest, IL 60045

joel.masinter@trustmarkins.com
847-666-6977 [Phone] 33434 [Ext]
847-615-3872 [FAX]

State: Arkansas **Filing Company:** Trustmark Insurance Company
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Filing Company Information

Trustmark Insurance Company
400 Field Drive
Lake Forest, IL 60045
(800) 666-6977 ext. [Phone]

CoCode: 61425
Group Code: 276
Group Name:
FEIN Number: 36-0792925

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: One form at \$50.00 per form.
Per Company: No

Company	Amount	Date Processed	Transaction #
Trustmark Insurance Company	\$50.00	09/19/2012	62857395

SERFF Tracking #:	TRST-128686267	State Tracking #:		Company Tracking #:	12.00476
State:	Arkansas	Filing Company:	Trustmark Insurance Company		
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only				
Product Name:	HS-12000/R				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/20/2012	09/20/2012

SERFF Tracking #:	TRST-128686267	State Tracking #:		Company Tracking #:	12.00476
State:	Arkansas	Filing Company:	Trustmark Insurance Company		
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only				
Product Name:	HS-12000/R				
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Disposition

Disposition Date: 09/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Health Screening Benefit Rider	Approved-Closed	Yes

State:	Arkansas	Filing Company:	Trustmark Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	HS-12000/R		
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Form Schedule

Lead Form Number: HS-12000/R							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/20/2012	HS-12000/R	CERA	Health Screening Benefit Rider	Initial:		HS-12000R - Final 91312.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

TRUSTMARK INSURANCE COMPANY

“We, Us, and Our”

[400 Field Drive

Lake Forest, IL 60045-2581

(800) 918-8877]

HEALTH SCREENING BENEFIT RIDER

RIDER SCHEDULE

[POLICY/CERTIFICATE] NUMBER [1,234,567]	EFFECTIVE DATE:	[09/01/12]
INSURED: [John Doe]	[WAITING PERIOD:	[0, 30, 60 Days]]
COVERED PERSON(S):	BENEFIT AMOUNT:	[\$100, \$50]
	(Per Covered Person)	
INSURED: [John Doe]		
SPOUSE: [Jane Doe]		
CHILDREN: [James Doe]		
		[Joyce Doe]

This Rider is made a part of the [Policy/Certificate] to which it is attached. It is issued in consideration of the application and the payment of the required premium. Benefits provided by this Rider are subject to all of the terms, conditions, exclusions and limitations of the Policy not inconsistent with the following:

Definitions

For the purpose of this Rider:

Covered Person: A person listed on the Rider Schedule as insured under this Rider.

Health Screening Test: The following procedures:

- Low Dose Mammography
- Pap Smear for women over age 18
- Flexible Sigmoidoscopy
- Hemocult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen (for prostate cancer)
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine levels of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)

- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

Waiting Period: The period of time following the Effective Date of this Rider during which no benefits are available. The Waiting Period is shown on the Rider Schedule.

Benefit

We will pay the actual cost incurred for a Health Screening Test taken by a Covered Person up to the Benefit Amount shown in the Rider Schedule. The Benefit is limited to payment of one Health Screening Test per calendar year for each Covered Person. The Health Screening Test must be taken after the Rider's Effective Date and the Waiting Period .

Exclusion

This Rider provides benefits for only Health Screening Tests.

Renewability/Termination of Coverage

This Rider is renewable at Your option; except it shall automatically terminate on the earliest of the following:

- The date coverage under the Policy terminates for any reason;
- The end of the period for which premium is paid for the Rider, subject to the grace period; or
- The premium due date on or following the date We receive Your written request to terminate this Rider.

Coverage for a Covered Person will terminate on the date coverage terminates for any reason for such Covered Person under the Policy to which this Rider is attached.

Reinstatement

If You apply for reinstatement of the Policy, You may apply to reinstate this Rider at that time.

TRUSTMARK INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Joseph L. Pray".

Joseph L. Pray
President and Chief Executive Officer

A handwritten signature in black ink, appearing to read "Dennis L. Schöff".

Dennis L. Schöff
General Counsel and Secretary

SERFF Tracking #:	TRST-128686267	State Tracking #:		Company Tracking #:	12.00476
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Product Name:	HS-12000/R				
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/20/2012
Comments:	See attached for Flesch Certification.		
Attachment(s):			
Compliance Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/20/2012
Bypass Reason:	The application, form # A-607/A AR, was previously approved by your Department July 30, 2007, SERFF Tracking # TRST-125230720		
Comments:			

COMPLIANCE CERTIFICATION

Trustmark Insurance Company
NAIC #61425 FEIN #36-0792925

Health Screening Benefit Rider

Trustmark Insurance Company hereby certifies that, to the best of its knowledge and belief, it is compliant with the requirements of Rule & Regulation 19, Rule & Regulation 49, Bulletin 11-88, and Arkansas Insurance Code 23-79-138.

Trustmark Insurance Company also certifies that the form listed below has achieved at least the minimum required score on the Flesch Reading Ease Test.

Form No.	Description	Score
HS-12000/R	Health Screening Benefit Rider	54.2



Signature of Company Officer

Frank Lettera

Name

Vice President

Title

9/19/12

Date